

PTO/SB/81 (08-04)

Approved for use through 11/30/2005. OMB 0851-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|------------------------|-----------------------------|
| Application Number | 10/072,247 |
| Filing Date | 10/23/2001 |
| First Named Inventor | COOK |
| Title | RETAINER FOR LARYNGEAL MASK |
| Art Unit | 3743 |
| Examiner Name | PATEL, MITAL |
| Attorney Docket Number | COOK 8715 C1 |

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

| Name | Registration Number |
|------------|---------------------|
| AHAJI AMOS | 46,831 |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

| | | | | | |
|---|-------------------------|-------|--------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | AHAJI AMOS | | | | |
| Address | 3810 RITA ELLIOTT COURT | | | | |
| Address | | | | | |
| City | MISSOURI CITY | State | TX | Zip | 77459 |
| Country | U.S.A. | | | | |
| Telephone | 314-494-9571 | Fax | 281-778-6798 | | |

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record** (If assignee, put name, title and company name in the "Name" space below)

| | | | |
|-----------|----------------|-----------|--|
| Name | Daniel J. Cook | | |
| Signature | | | |
| Date | | Telephone | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/82 (08-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | |
|--|------------------------|--------------|
| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 10/072,247 |
| | Filing Date | 10/23/2001 |
| | First Named Inventor | COOK |
| | Art Unit | 3743 |
| | Examiner Name | PATEL, MITAL |
| | Attorney Docket Number | COOK 8715 C1 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

| | | | | | |
|--|-------------------------|-------|--------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | AHAJI K AMOS, 46,831 | | | | |
| Address | 3810 RITA ELLIOTT COURT | | | | |
| Address | | | | | |
| City | MISSOURI CITY | State | TX | Zip | 77459 |
| Country | U.S.A. | | | | |
| Telephone | 314-494-9571 | Fax | 281-778-6798 | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|----------------|-----------|--|
| Name | Daniel J. Cook | | |
| Signature | | | |
| Date | | Telephone | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Sep 15 04 07:27a

Sep 15 04 06:28a

Sep 14 04 09:01p

Daniel J. Cook

RECEIVED
CENTRAL FAX CENTER

314-644-4262

P.2

P.3

P.8

SEP 15 2004

PTO/SB/92 (09-03)
Approved for use through 11/30/2005. OMB 0051-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | |
|--|------------------------|--------------|
| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 10/072,247 |
| | Filing Date | 10/23/2001 |
| | First Named Inventor | COOK |
| | Art Unit | 3743 |
| | Examiner Name | PATEL, MITAL |
| | Attorney Docket Number | COOK 8715 C1 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with Customer Number:

OR

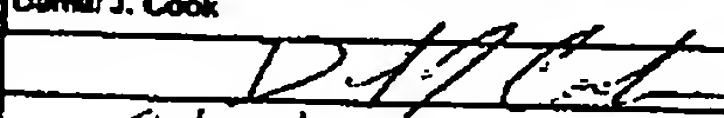
| | | | | | |
|---|-------------------------|-------|--------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | AHAJI K AMOS, 46,831 | | | | |
| Address | 3810 RITA ELLIOTT COURT | | | | |
| Address | | | | | |
| City | MISSOURI CITY | State | TX | Zip | 77459 |
| Country | U.S.A. | | | | |
| Telephone | 314-494-9571 | Fax | 281-778-6798 | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | | | |
|-----------|--|--|-----------|--------------|--|
| Name | Daniel J. Cook | | | | |
| Signature |  | | | | |
| Date | 9/15/2004 | | Telephone | 314-644-4169 | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.58. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Sep 15 04 07:27a

Sep 15 04 06:28a

Sep 14 04 09:01p

Daniel J. Cook

RECEIVED
CENTRAL FAX CENTER

314-644-4262

p.3

p.2

p.7

SEP 15 2004

PTO/SB/01 (08-04)
Approved for use through 11/30/2005. OMB 0631-0075

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

| | | |
|---|------------------------|-----------------------------|
| POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM | Application Number | 10/072,247 |
| | Filing Date | 10/23/2001 |
| | First Named Inventor | COOK |
| | Title | RETAINER FOR LARYNGEAL MASK |
| | Art Unit | 3743 |
| | Examiner Name | PATEL, MTAL |
| | Attorney Docket Number | COOK 8715 C1 |

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

| Name | Registration Number |
|-----------|---------------------|
| AHAR AMOS | 46,831 |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name: AHAR AMOS **46,831**

Address: 3810 RITA ELLIOTT COURT

City: MISSOURI CITY State: TX Zip: 77459

Country: U.S.A.

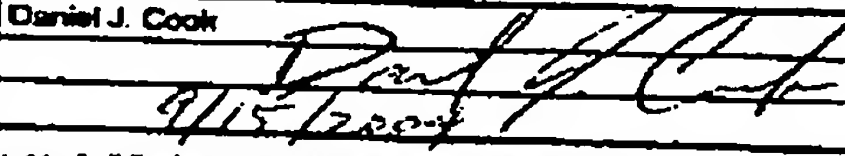
Telephone: 314-494-9571 Fax: 281-778-6798

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

| | |
|-----------|--|
| Name | Daniel J. Cook |
| Signature |  |
| Date | 9/15/2004 |
| Telephone | 314-644-4169 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.